Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

									<u> </u>	
Establishment Name TUMBLEWEED							Telephone Number 812-945-0177	Date of Inspection	ID#	
Address 2005 STATE STREET, NEW ALBANY IN 47150						- Est Own	502-618-8357	03/16/2022		
Owner TW-INDIANA, INC.							Purpose X Routine	Follow Up	Released 03/16/2022	
Owner's Address 2301 RIVER ROAD, SUITE 200 LOUISVILLE, KY 40206-							Follow-up Complaint			
Person in Charge STACY BLAIR							Pre-Operational			
Responsible Person's Email STATESTREET@TUMBLEWEEDINC.NET							Temporary HACCP	Menu Type 1 2 3X	Menu Type 1 2 3 <u>X</u> 4 5	
Certified Food Handler STACEY BLAIR							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C	NC	R	Narrative		To Be Corrected				
191	Х			Observed no dat	te mark on cooked bake	Corrected				
294	Х		X	Measured quat sanitizer dispensing below 200 ppm. PIC discovered a clog on the hose. Sani buckets were replaced throughout establishment.						
218		X		Observed self closer on walk in cooler door to be broken. Observed self closer on exterior door to be leaking oil. PIC was aware of both and has submited a work order to get them repaired.						
234		X		Observed ice cre Observed melter	eam scoop stored in a cod ice cream in the conta ops would only be used	Corrected				
297		Χ				oster to	have a buildup of dried	3 days		
309		Х		Observed the ex	hasut fan in woman's re			1 month		
430		Х				adjacent floor tiles in bar.	1 month			
392		X			areas collecting water. ster lid left open.		Correcte	d		
Summary of Violations C 2 NC 6 R 1										
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
					ı		Ohon	T		
cc:					cc:			cc:		